INITIAL CUSTODY CLASSIFICATION										
1.	DATE (YYYYMMDD)		2. INTE	2. INTERVIEWER NAME 3. (X o					(one)	
						DETAIN				
_	IDENTIFICATION								ADJUDO	3ED
	PRISONER NAME (Last,	First, Middle)			b. SSN		c. GRADE	d. SI	E X (X o	ne)
	(111,	,						<u> </u>	MALE	.0)
									FEMALE	
5.	ADMINISTRATIVE FACT	ΓORS (X as apμ	olicable)						NO	YES
	a. SUICIDE RISK									
b. PHYSICAL HEALTH PROBLEM										
c. MENTAL HEALTH PROBLEM										
d. SPECIAL QUARTERS										
6.	MANAGEMENT FACTOR	RS (Enter point	values)						POII	NTS
	a. OFFENSE									
	OFFENSE SEVERITY	= 1 - 8								
b. SUBSTANCE ABUSE YES x 1 = 1 YES x 2 = 2 YES x 3 = 3 YES x 4 = 4										
c. PENDING CHARGES/WARRANTS/DETAINERS NO = 0 YES = (Enter points from Offense Severity Scale)										
d. HISTORY OF VIOLENCE QUESTION (2) - YES = 2 QUESTION (3) - YES = 4 QUESTION (4) - YES = 6 QUESTION (5) - YES = 8										
e. HISTORY OF ESCAPE NO = 0 YES = 6										
f. LENGTH OF SENTENCE TIME REMAINING DETAINEE OR 0 - 90 DAYS = 0 91 DAYS - 1 YEAR = 1 1+ TO 3 YEARS = 2 3+ TO 5 YEARS = 3 5 + TO 10 YEARS = 5 10+ YEARS = 7 LIFE/DEATH = 8										
g. TOTAL POINTS										
7.	SCREENING DECISION	(X one)								
	MEDIUM-IN (O - 11				МА	XIMUM (12+	Points)			
8.	FINAL DECISION				<u> </u>					
a.	OVERRIDE (X one)									
	NO	YES -	со	DE	NO	T APPLICABLE	(Policy)			
b.	RATIONALE				1					
9. DECIDING AUTHORITY										
а	. NAME		b. GRADE	c. TITLE			d. SIGNATURE			
10. CUSTODY DECISION										

CLASSIFICATION WORKSHEET					
11. DATE (YYYYMMDD)	12. TIME	13. INTERVIEWER NAME	14. ((X one)	
				DETAIN	
4E A DAMANCED A TIME EAC	TODG			ADJUD	GED
15. ADMINISTRATIVE FAC a. SUICIDE RISK	10K2				
(1) HOW DO YOU FEE	L ABOUT BEING	HERE?			
, ,					
				NO	YES
(2) HAVE YOU EVER T	HOUGHT ABOUT	COMMITTING SUICIDE? (X)		i	
(3) DID YOU MAKE A	PLAN TO COMMI	T SUICIDE?		1	
(4) HAVE YOU EVER A	TTEMPTED SUIC	IDE? (If Yes, when and how?)		ı	
b. PHYSICAL HEALTH PR				NO	YES
(1) DO YOU HAVE A C	ONTAGIOUS DISI	EASE? (If Yes, what?)		İ	
			L		<u> </u>
(2) DO VOLLHAVE AND	V DUVELCAL DDO	BLEMS? (If Yes, what?)			Ι
(2) DO YOU HAVE AN	7 PHYSICAL PROI	blews: (II Yes, What?)		İ	
			Ļ		
(3) ARE YOU TAKING A	ANY MEDICATION	NS? (If Yes, give reason)			
					T
c. MENTAL HEALTH (1) DO YOU HAVE ANY	V MENTAL DDODL	EMS2 (If Voc. what2)		NO	YES
(I) DO TOO HAVE AN	I WENTAL I KODE	ELING: (II Tes, What:)		İ	
			<u>.</u>		
(2) WERE YOU EVER H	OSPITALIZED FO	R MENTAL PROBLEMS? (If Yes, when?)			
d. SPECIAL QUARTERS	NE DO VOI !!*:	C ANN ENGAGE IN THIS EAGULT VO. (16 Ver. 1 / 1 / 2)	Ţ	NO	YES
TO YOUR KNOWLEDG	ιΕ, DO YOU HAVE	E ANY ENEMIES IN THIS FACILITY? (If Yes, who and why?)		İ	
			L		<u>1</u>

CLASSIFICATION WORKSHEET (Continued)				
16. MANAGEMENT FACTORS				
a. WHAT CHARGE(S) ARE YOU CONFINED FOR?				
b. SUBSTANCE ABUSE (X)	NO	YES		
DRUGS				
(1) HAVE YOU EVER USED DRUGS OR ALCOHOL? ALCOHOL				
(2) HAVE YOU USED DRUGS/ALCOHOL IN THIS ENLISTMENT?				
(If answer to both (1) and (2) is No, skip to 16.c. If either (1) or (2) is Yes, continue lines (3) through (6).)				
(3) HAVE YOU EVER BEEN DISCIPLINED IN THE SERVICE OR FIRED FROM A JOB BECAUSE OF DRUG OR ALCOHOL USE?				
(4) HAS DRUG/ALCOHOL USE EVER LED TO FAMILY PROBLEMS OR CONFLICTS?				
(5) HAVE YOU EVER BEEN ARRESTED WHILE UNDER THE INFLUENCE OF DRUGS OR ALCOHOL?				
(6) HAS USE OF DRUGS/ALCOHOL RESULTED IN OTHER PROBLEMS, SUCH AS BLACKOUTS OR LOSS OF FRIENDS?				
c. Pending Charges/Warrants/Detainers DO YOU HAVE ANY OUTSTANDING WARRANTS/DETAINERS OR ADDITIONAL PENDING CHARGES? (If Yes, explain)	NO	YES		
d. HISTORY OF VIOLENCE (X)	NO	YES		
(1) HAVE YOU EVER ASSAULTED ANOTHER PERSON?				
(If No, skip to 16.e. If Yes, answer (2) through (7).)				
(2) NON-PHYSICAL ALTERCATION				
(3) ASSAULT WITHOUT A WEAPON				
(4) ASSAULT WITH A WEAPON				
(5) MULTIPLE ASSAULTS				
(6) AGE AT TIME OF INCIDENT(S)				
(7) EXPLAIN INCIDENT(S)				
e. HISTORY OF ESCAPE (X as appropriate. Assign 6 points in Item 6.e. if answer is Yes to any of the following questions:)	NO	YES		
(1) HAVE YOU EVER ESCAPED OR ATTEMPTED TO ESCAPE CONFINEMENT?				
(2) WERE YOU EVER APPREHENDED ON A PAROLE VIOLATION?				
(3) HAVE YOU EVER RESISTED ARREST?				
(4) DID YOU EVER INITIATE A PERIOD OF UNAUTHORIZED ABSENCE WHILE OTHER CHARGES WERE PENDING?				

	CLASSIFICATION WORKSHEET (Continued)
17. INTERVIEWER'S IMPRESSION	